WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 13729	STATE OF MARYLAND
County Hayord.	CERTIFICATE OF DEATH
	Registration Dist. No. 185
Harrorde Smeet	Stokes St.; Ward) [If death occurred h
Village or City WWCLUE Male (No.	a nospital or institution
Laurack Or	laces of street and number.
² FULL NAME AMUMA. CA	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Welow	16 DATE OF DEATH Lug 42 191
Vinale Mete (Write the word)	(Month) (Day) (Year
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
Guknown -	- 1910 to the 93, 191.
(Month) (Day) (Year	that I last saw he alive on 4 , 1916
7 AGE	and that death occupied on the date stated above, at
yrs mos ds OR min.	The CALLET OF DEATH & wee or follower
B OCCUPATION.	2. 5 2 2 4
(a) Irade, profession, or	
particular kind of work (b) General nature of Industry	Must syrrause
business, or establishment in which employed (or employer)	(Ouralion) yrs. 3 mos.
9 BIRTHPLACE (State or country)	Contributory Brillen Omfensale
(State or country) Marvedel brace	
10 NAME OF PATHER DATA MA	euration) yrs. mos. 3 C
fill roccore	(Signed) The Leave of the Second
DE 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State or country) Cufferd	Australia (2) Means of Injury; and (2) whether Accidental,
of MOTHER CINKNOWN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) Concern	of deathyrs,mosds. Stata,yrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Cinna adums	Former or
21	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) I swedthere	1 - 1'Y' A 1 1th
15 (th () 200	20 mget Kell Cemetery 1913
Filed any S, 1910 James Colony	20 UNDERTAKER ADDRESS
REGISTRAR	tillen atourson Handern

[Approved by U. S. Census and American Public Health Association.]

wife, Housewark, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemail, etc. If the occupation has been changed employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Forenian," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Cracery: (a) Foreman, (b) Autoengineer, Stationary fireman, etc. But cian, Compasitor, Architect, Locomotive engineer, Civil is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Caal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. to report specifically the occupations of persons For persons who have no occupation whatever, Never return "Laborer," in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,") unqualified, is indefinite); Tubercubsis of tungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and eonsequences (e. g., sepsis, telanus) may be stated mus, under the head of "Contributory." (Recommendations head-hamicide; Poisaned by carbolic Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State eause for which birth or miscarriage as "PUERPERAL sephicharmia," nephrilis, etc. The contributory (secondary or intercurges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of cause. etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Sbock," "Uracmia," "Weakness." "Anaemia" (merely symptomatie), "Atrophy," chopmeumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," "Convulsions," etc.), "Dropsy;" "Debility" Never report mere arid-probably "Exhaustion," ("Con-



BINDING FOR RESERVED MARGIN

V. S. No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT WITH UNFADING INK-THIS WRITE CAUSE OF I

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

lif dooth accurred in

Village or City (No. (No.	St.; Ward) a hospital or institution, give its HAME instead
FULL NAME / RUST E, Up	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, WIDOWED, OR OLVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY That I sttended decessed from
May 12, 1915	that I last saw 26 silve on C 14 1915.
⁷ AGE If LESS than	and that death occurred on the date stated above, at Stanform,
yrs 3 mos 2 1 day,hrs. ORmin, ?	The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, profession, or	Cook Josep Culinter
particular kind of work (b) General nature of Industry,	
business, or establishment in	(Duration) yrs mos ds.
which employed (or employer) **BIRTHPLACE* (State or country.) **Failure A. Co. A. A.	Contributory Co relianded
10 NAME OF Samuel to applify	(Signed) (Deration) yrs mos 1 ds.
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place ID the Of death
14 THE ABOVE IS THUE TO THE MEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Shuis & Upplely	Former or usual residence.
(Address) / Le (UL /NS),	PLACE OF BURIAL OR REMOVAL DAYE OF BURIAL
Filed sug/6, 193 . Edgan Dean	20 UNDERTAKER APPRESS

If more blanks ard needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers statement. Never return "Laborer," "Foreman," it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specimaterial worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-As examples:

Statement of cause of death—Name, first, the disease causing death—It respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measics (disease causing nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Deblity" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29



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PHYSICIANS should of OCCUPATION IS RECORD statement classified. properly 9 supplied. UNFADING may carefully that 80 terms. should piain Information = EATH WRITE 0 A 10 CAUSE

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BLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred lo ...Ward) a hospital or institution, give its NAME Instead of street and number.] ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH a year or (Day (Moath (Year) TAGE If LESS than and that death occurred on the date stated above, at ... 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 had attended patient in the past. BOCCUPATION Know her to have had a datty heart. She drop-(a) Trada, profession, or particular kind of work. ped dead suddenly, without needienl attendauce, but I am Satisfied death was due (b) General nature of Industry, yrs Sado business, or establishment in (Duration) which employed (or employer) Contributory.... 9 BIRTHPLACE Secondary (State or country) Source (Doration)yrs...mos... 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER ARENT (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State _____ yrs, ____ mos. __ Where was disease contracted. 14 THE ABOVE IS THUE If not at place of death?-Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) 16 20 UNDERTAKER ADDRESS REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease ean be ascertained as the valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of State eause for For vio-



N. B.-

ounty Harfurd Village or City Scarff (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remele Mule Single, Married, Wisowed, Word (Write the word)	16 DATE OF DEATH City 22 1 1915 (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
6 DATE OF BIRTH	and 20 at 1915 to any 2220 1915
(Month) (Day (Year)	that I last saw h M alive on any 22 2 1915
⁷ AGE It LESS than	and that death occurred on the date stated above, atm,
34 yrs 4 mos 22 ds OR min.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION (e) Trade, profession, or particular kind of work	Pulmanary Filter culosio
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmasds.
9 BIRTHPLACE (State or country) Harford Co Mid.	Gontributory Secondary Ouration
10 NAME OF AMON, V. Bailey	(Signed) Chas Biehardon, N. D.
11 BIRTHPLACE OF FATHER (State or country) / Larford Co. Mal 12 MAIDEN NAME OF MOTHER MANY CAR STATE 1. MAIDEN NAME OF MOTHER MANY CAR 1. MAIDEN N	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother man of Show	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) / Lawred Co. Bul	of Recent Residents) At place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Rev Charles Bonn	Former or
1 B DD M.	usual residence.
(Address) Twen marchon Ma	Ohnchville Cemely, and 25 to 1915
Filed My 27/1915 Reo W MCKerdson REGISTRAR	Chas & Himbers Fallston May

Chas & Hemberg n If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing Dearn, state occupation at beginning of illbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronehopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-



PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.: .Ward) a hospital or institution. give its NAME instead of street and number.] RECORD assified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, 16 DATE OF DEATH SEX 4 COLOR OR RACE 5 ted an 5 WIDOWED OR DIVORCED (Month) properly certificate That I attended deceased from be 6 DATE OF BIRTH pino (Day) (Year) (Month it may back of of TAGE If LESS than occurred on the date stated above, at LJ: 1 day, hrs. O 號 was as follows: OR . min. ? 4 mos. uo OCCUPATION tha 7 (a) Trade, profession, or 0 Suppli instructions particular kind of work 80 (b) General nature of industry terms, business, or establishment in (Duration): carefully. which employed (or employer) 9 BIRTHPLACE Contributory Secondary See in (State or country) 10 NAME OF be 5 FATHER Signed) important, 11 BIRTHPLACE (Address) OF FATHER SPA State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, PAREN (State or country) 50 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. EOF OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very OR RECENT RESIDENTS) 13 BIRTHPLACE inforr At place In the S OF MOTHER (State or country) 0 S of deathyrs.mos. ... State, -Every item of inshould state CAR 4 Where was disease contracted, tf not et piece of death?... Former or (Informant usuet residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address' 15 ADDRESS 0 Z ore blanks are needed, address State Registrar, of W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. C yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state decupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as 'At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day luborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more who receive a definite salary), may be entered as Housemobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septicharmia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "H. emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uru mia," "Weakness," mus," "Old Age," "Shock," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Annemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valeular heart disease; Chronic interstitial "Tunior" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of... nephritis, etc. (name origin; "Caneer" is less definite; avoid use of by railway train-accident; Revolver wound of "Coma," The nature of the injury, as fracture of skull, The contributory (secondary or interenr-"Convulsions," "Debility" Never report mere "Atrophy," "Col-ACCIDENTAL, important. ("Con-



	1 PLACE OF DEATH	
	13734	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty Ougora	Registration Dist. No. 185
	Hornede mass	
-ViI	lage or City (No	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead
	FULL NAME Albert Bur	gentine of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	1 ale Hait Single, Marieo, Fridower on Divorce (Write the word)	(Mony) (Day (Year)
6 D	ATE OF BIRTH	HEREBY CERTIFY. That I attended deceased from
	anknown -	1913, to Cary 0, 191.3.
7 A	(Month) (Day (Year)	that I last saw have alive on Cluy 15 1915
	abt 64 yrs. mos ds. or min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION Trade, profession, or	
pa	rticular kind of work	Justo Enleylis
bus	iness, or establishment in chemployed (or employer)	(Ouration) yrs mos 3 d.ds.
	(State or country) Bucke Co. Pa.	Secondary Laurence
	10 NAME OF John Burgintine	(Signed) The Cleaner M. D.
ZIZ	OF FATHER DESCRIPTION	Cley 9th, 1915. (Address) Faces on Fine
PARENT	(State or country) (Musiquina) 12 MAIDEN NAME OF MOTHER (M. Rugues)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Unknown	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) John Mäcklern	Former, or
	(Address) Have derrace 771	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 FII	-	29 UNDERTAKER + ADDRESS.
	f more blanks are needed, address State Regist	or, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. of persons engaged in domestic service for wages, as ness of various pursuits can be known. The question cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exbaustion," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, scpsis, totanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerpenal septiehaeture of the American Medical Association.) cause of death approved by Committee ou Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	PLACE OF DEATH) 13735	STATE OF MARYLAND
Cour	Martond	CERTIFICATE OF DEATH
Cour		Registration Dist. No. 800
Villa	go or City Barred Jace (No. 7) 2 FULL NAME Clim H.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
m 3 SE	ale thate widowed or DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
ODA	may 16 1855	Jan 1915, to ling 20, 1913,
7 AG	(Month) (Day) (Year) (Year) (Fear) (A yrs. 3 mos. 4 ds. OR min.?	and that death occurred on the date stated above, at / 1. Jon. The CAUSE OF DEATH * was as follows:
D pa	CCUPATION 1) Trade, profession, or Barker rticular kind of work 1) General nature of industry	Chronic Julishtial Wiflit.
bu bu	sloess, or establishment in high employer)	(Duretton) 2 yrs mos ds
11 -	(State or country) Cecil Co,	Contributory Miles Compagnition
	10 NAME OF Hugh P. J. Drenner	(Signed) A Carrier M. O.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PAR	12 MAIDEN NAME Mary Rodgers	SUICIDAL OF HOMICIDAL. 13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Learge Munnen	Former or usuel residence
	(Address) Havre de Frace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FI	ed any 23 1, 1915 James 28 Boy,	20 UNDERTAKOR ADDRESS
	If more blanks are needed, address State Registrar,	W. Saratoga St., Balto., Requesting V S. No. 11

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Fealer," etc., without more mobile factory. mill; (a) Salesman, (b) 'rocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiespecially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, arespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Ando-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tdonus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee "Puerperal peritonitis," etc. State cause for which "Heart failure," "H eniorrhage," "Inanition," "Marasmus," "Old Age," "Shock." "Uraumia," "Weakness," head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJUNY and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be accertained as the genital," "Senile," etc.), "Dropsy," "An cemia" chopmenmonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; ('hronic valeular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonarum, etc., Carcinoma, Sarcoma, etc., of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Atrophy," "Col-"Exhaustion," ACCIDENTAL, important.



N. B.—Every item of information should be carefully supplied. AGE should be atated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH 19798	STATE OF MARYLAND		
County Harfard.	CERTIFICATE OF DEATH Registered No. 83		
Village or City Roofs Ind. (No.)	St; Ward) [If death occorred in a hospital or institution, give its NAME lostead of afreet and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Andow	16 DATE OF DEATH (Aug 22, 1915— (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
Configuration (Month) (Day) (Year)	that I last saw h Kon alive on any 19 1916		
TAGE 1 It LESS than 1 day,	snd that death occurred on the date stated above, at \$\int \alpha_{.m}\$. The CAUSE OF DEATH* was so follows: Paralysis		
particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer) BIRTHPLACE (State or country) When the country of th	(Doration) yrs. to mos. cs. Contributory (Secondary)		
OF FATHER Wm Fincher 11 BIRTHPLACE OF FATHER (State or country) W 12 MAIDEN NAME OF MOTHER OF MOTHER W	(Signed) (Deration) yrs mos cs. (Signed) (Address) (Address) (N. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or country) The Lungton Ald	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of death yrs, mos, ds.		
(Informant) Powers & Streets (Address) The Books Mo	Where was disease contracted, If not at place of death? Former or Osual residence. 19 MACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed aug 2 1/1916 - J. R. Phillips	20 UNDERTAKER June of 14 2 2 Buran		
12 more blanks are needed, address State Registra	r, 6 E. Franklin St., Balte., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health
Association.]

o(a) Spinner, cated thus: Farmer (retired 6 yrs.). For persons minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers naterial worked on may form part of the statement. Never return "Laborcr," "For Grocery; (a) Foreman, (b) Automobile factory it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. 'tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal feeer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosis of lungs, meninges, peritonacum, etc...

"Ileart failure," "Haemorrhage," "Inanition," "Marasscpsis, tctanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrpural septichacmus," "Old Age," "Shock," "Traemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver reound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

should state	County Hay was (50)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
HYSICIANS short	Village or City Bll lan (No	St.; Ward) [if death occurred to a hospital or institution, give its MAME instead of street and number.]
ent P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ited EXACTL	Jemale While Single, Single Wisower, ORDIVORCED (Write the word)	(Mopph) (Day (Year) I HEREBY CERTIFY. That I attended deceased from
be state	Month) (Day (Year) 7 AGE If LESS than	30% Huy 1915 to 3/2 Huy 1915, that I last saw hell alive on the 3/2 Aug 1915
led. AGE should be properly class	33 yrs 9 mos 4 ds or min.? **Boccupation** (a) Trade, profession, or particular kind of work* (b) General nature of Industry,	and that death occurred on the date stated above, at J. m. The CAUSE OF DEATH* was as follows: Litalities Contible called Could Chromic M2 plantes
lly suppl	business, or establishment in which amployed (or amployer) BIRTHPLACE (State or country) Miladuphia Pa	Contributory Secondary (Duration) (Duration) (Duration)
Se	10 NAME OF FATHER JUSTIC PARTIES (State or country) Mail Part 12 MAIDEN NAME	(Signed) (Si
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Worknown 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) washafillows)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
N. B.—Every Item CAUSE OF Important.	(Address) 145 N. Maken It Mail Filed Aught, 1915 Quellanks are needed, address State Regist	19 place of Burial or REMOVAL DATE OF BURIAL Miladelphia a Supt 3, 1913 20 UNDERTAKER ADDRESS Bullin Ind. Brar, G E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," ctc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaethenia," "Auaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL pcritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. affection need not be stated unless important. "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



BINDING FOR RESERVED MARGIN

V. 8. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

3738



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;---Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nall White the word)	16 DATE OF DEATH (Month) (Day (Year) 17 [HEREBY CERTIFY, That I strended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I sttended deceased from 1912, to 1912, that I last saw h allys on 1912
If LESS than t day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	
business, or establishment in which amployed (or employer)	yrsds.
9 BIRTHPLACE (State or country) MMI mmm	Secondary (D. 1917)
O 11 BIRTHPLACE	(Signed) , M. D. , M.
OF FATHER (State or country) 12 Mailean OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) MM / MVWV	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of deathyrs,mosds Where was disease contracted,
(informant) Sundy Home	If not at place of death? Former or usual residence
(Address) Sell le Marian High	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AMAN HOME 20 UNDERTAKER L. LEGAN + DON BURIAL ADDRESS L. LEGAN + DON BURIAL ADDRESS L. LEGAN + DON BURIAL ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic lnjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably childbirth or misearriage as "Puerperal scptichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association. "Contributory." sepsis, tetanus) may be stated under the head of which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 For vio-



BINDING FOR RESERVED MARGIN

4 INK-THIS UNFADING WITH PLAINLY.

PHYSICIANS should state of OCCUPATION IS very RECORD statement PERMANENT EXACTLY. Exact stated properly classified. should be AGE carefully supplied. that it may be certificate. 80 of of information should be on back DEATH in plain terms. Instructions WRITE See 3.—Every Item CAUSE OF Important.

N.B.

10 NAME OF FATHER

PARENT

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14THE ABOVE IS

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR, OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word) B DATE OF BIRTH (Month) (Day) (Ye 7 AGE If LESS 1 day OR m BOCCUPATION (a) Frade, protession, or (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No.
St.;Ward)	[It death occurred in

termutt	a hospitel or Institut give Its NAME Insti of street and number.
MEDICAL CERTIFICATE OF	DEATH
18 DATE OF DEATH and	11 1910
(Month)	(Day) (Year)
I HEREBY CERTIFY, That I a	
Wey 7 , 1915 to Wey	
that I last saw h M allve on Que!	0 .191
	1.1.0
and that death occurred on the date stated at	ove, at 0/79/1
The CAUSE OF DEATH* was as follows:	
	100000000000000000000000000000000000000
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C Margaret y	******************************
(Duration)	wre man 4
Contributory (Secondary) (Duration)	yrs mos
Contributory (Secondary) (Duration)	yrs mos
Contributory (Secondary) (Signed) (Signed) State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (TAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted, it not at place of death?	deaths from VIOLUNT 2) whether Accident
Contributory (Secondary) (Signed) State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted,	deaths from VIOLENT 2) whether ACCIDEN
Contributory (Secondary) (Signed) State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and (Tal, Suicidal, or Homicidal. 18 Length of Residence (For Hospitals, In or Recent Residents) At place of death yrs. mos. ds. State Where was disease contracted, it not at place of death? Former or usual residence.	deaths from VIOLENT 2) whether ACCIDEN STITUTIONS, TRANSIENT YIS, MOS
Contributory (Secondary) (Signed) (Ouration) (Signed) (Ouration) State the Dismans Causing Death, or, in Causes, state (1) Means of Injury; and (Tal, Suicidal, or Homicidal, or Recent Residenta) At place in the of death yrs. mos. ds, State Where was disease contracted, it not at place of death? Former or usual residence.	deaths from VIOLENT 2) whether ACCIDENT STITUTIONS, TRANSIENT YIS,

(Address) 15 REGISTRA

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrent septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 di. valvular heart disease; Chronic interstitial nephritia "Contributory." Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Staté cause for Never report



	PLACE OF DEATH	STATE OF MARYLAND
	Hankad 18/411	CERTIFICATE OF DEATH
Co	unty fourfold	Registration Dist, No. 18
	Near algerdeen	
VII	lage or City town by a	yland St.; Ward) [If death occurred la a hospital or institution,
	1. 1. 4	give its NAME instead
	FULL NAME William &	for estary of street and number.]
	I VIII ITALIA	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, Widower	16 DATE OF DEATH Quoust 11 1915
h	WIDOWED, ORDIVORCED	(Month) (Day (Year)
10	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from
o B	ALLOW DA - DAY GAN	,, 191, to, 191
	(Month) (Day (Year)	that I last saw h alive on
7 A		and that death occurred on the date stated above, stm
	~ 1 day,hrs.	The CAUSE OF DEATH* was as follows:
-	yrsds. ORmin. ?	are doub
(a	Trade, protession, or Toller of Borle was a kon	Struck by Kail Road
_/ pa	rticular kind of work	- Ded grain
bus	General nature of Industry, siness, or establishment in	(Duration) yrs moz de
Wh	ich employed (or employer)	
9 B	IRTHPLACE (State or country)	Secondary -
_		(Duration) yrs yrs gos di
-	10 NAME OF FATHER ALL ALL ALL	(Signed) arten la Work boron
S	11 PURTURIAGE	8-11 191 5 (Address) Perryman Ino
ARENTS	OF FATHER (State or country)	
M	12 MAIDEN NAME 2 1 . 2	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TALL, SUICIDAL, OF HOMICIDAL.
A	OF MOTHER HOLLAN PUCE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE A OK-DAME MILE	OR RECENT RESIDENTS) At place to the
	OF MOTHER (State or country)	of death yrs, mos ds. State yrs, mos ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Interment) Junior Hickey Graphle	Former or
	The state of the s	usual residence
	(Address) 1008 26 May F. Malling	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	() () () () () () () () () ()	Wilmylow Bell cups 14, 1915
FI	led My 1 , 1918 Mor Muras	20 UNDERTAKEA ADDRESS
	Rocal REGISTRAR	Hung Javrey fleshell
	more blanks are needed, address State Register	strar, 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Segrant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, But in many

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneignonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory," sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL pcritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St: Ward) a hospital or Institution, give its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Year) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or (b) General nature of Industry. business, or establishment lo (Duration) / which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) _____ yrs. mos. Where was disease contracted. MYAKNOWLEDGE If not at place of death?... (Informant)usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 ADDRESE

BEGISTRAR H. S. Balley Da

ord blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not been changed or given up on account of the DISTABLE should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industy; and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of mia," "PUEBPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-The nature of the "Exhaustion," Examples: For vio-



PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred in St.: Ward) a hospital or institution. EXACTLY, P give its NAME instead of street and number. ² FULL NAME RECORD classified PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, MANUE 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE stated (Day OR OIVORCED certificate CERTIFY, That I attended deceased from be prope 6 DATE OF BIRTH pino (Day) (Year) pe (Month) It LESS than 7 AGE of may and that death occurred on the date stated above, at 1 day, hrs. back O The CAUSE OF DEATH * was as follows: OR min. ? THIS A # carefully supplied. uo 8 OCCUPATION so tha (a) Trade, protession, or ons. particular kind of work (b) General nature of industry terms, instructi business, or establishment in (Ouralion) which employed (or employer) 9 BIRTHPLACE Contributory econdary See in (State or country) 10 NAME OF be Ë FATHER important. TH (Address) 11 BIRTHPLACE PARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent EA CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. information AUSE OF D 12 MAIOEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS very OR RECENT RESIDENTS 13 BIRTHPLACE In the Al place OF MOTHER WRITE CAU 40yrs.mos.ds. State. vrs. mos. (State or country) Every item of instance of subspecific state CAL OCCUPATION I Where was disease contracted, It not at place of death?.. Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKE ADDRESS 8 REGISTRAR ż S. No. 1. If more blanks are needed, address State Registrar, 18/W. Saratoga St., Balto., Requesting

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, the duties of the household only (not paid Housekeepers write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be of the second statement. Never return "Laborer," "Foreman," "Manager," "Lealer," etc., without more mill; (a) Salesman, (b) (rocery; (o) Foreman, (b) Automobile factory. The material worked on may form part business, that fact may be indicated thus: Former (retiral taken to repart specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic Struck by roilway troin-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Scnile," etc.), "Fropsy," "Exhaustion," "Heart failure," "He emorrhage," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. cough; Chronic valvular heart diseose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connephralis, etc. ges, perilonoeum, etc., Carcinomo, Sorcoma, etc., of..... Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Scnile," etc.), The contributory (secondary or intercur-Never acid-probably report mere ACCIDENTAL, important



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. St.:...Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month OROIVORCED (Write the word) I HEREBY CERTIFY, That I strended deceased from 8 DATE OF BIRTH (Year) (Day) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----Contributory: State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ____ yrs. ___ mos. ___ ds. State vrs. mos. Where was disease contracted. 14 THE ABOVE IS TRUE KNOWLEDGE If not at place of death? Former or (Informant) usual residence REMOVAL DATE OF BURIAL (Address)..... 16 ADDRESS REGISTRAR

lianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilf death occurred in

a hospital or institution,

give its NAME instead of street and number. I

(Day)

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 de: affection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the -Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report For VIO-



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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT classifled. P proper AG ed. be supplie UNFADING may certificate. 80 of WITH back terms, should 6 plain Instructions Information 2 DEATH 0 OF Item mportant. la! Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred la Village or City Ward) a hospifal or institution, give Ifs NAME Instead of streef and nomber.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. 191-WIDOWED. ORDIVORCED (Write the word) (Year) Month) (Day I HEREBY GERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at f dayhrs. The CAUSE OF DEATH* was as follows: OR 7 mos BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ ds. State Where was disease confracted. 14 THE ABOVE IS TRUE If nof at place of death?-Former or usual residence. BURIAL OR DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS PEGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehlldren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman." (0)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertakene For vio-Bronchopmcumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of



S. No. 1.

N. B.

PHYSICIANS should WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important.

1	PLA	CE	OF	DE	ATH	
	11	7	1		1	

3745

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred la a hospital or institution, give Its NAME Instead ot street and number.]

FULL NAME for form	/ a J w		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male Phils 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended degreesed from		
6 DATE OF BIRTH	1 Aug 3 1915 to 1915		
(Month) (Day (Year)	that I last saw ham alive on find 7, 1913		
7 AGE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at		
(e) Trede, profession, or particular kind of .work	Oh. D. Jufanling		
(#) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.		
9 BIRTHPLACE (State or country) Whilefind mid	Contributory Secondary (Duration)		
10 NAME OF FATHER Earl Jones	(Signed) X Z Arthur, M. D.		
11 BIRTHPLACE OF FATHER (State or country) 12 Major NAME OF MOTHER	Atate the DISEASE CAUSING DEATH, or, in death, from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidentally, SUICIDAL, or HOMICIDAL.		
OF MOTHER Viola Gosdin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
(State or country) Warford les mil	At place In the of death yrs mos ds. State yrs mos, ds Where was disease contracted.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Fril Jones	If not at place of death? Former or usual residence		
(Address) Whileford Md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Slate Rige aug 10, 1915		
Fileoling 10 1915 Justo Manaba	20 UNDERTAKER ADDRESS Jella PO		
more blanks are needed, address State Regi	stryr, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and ehildren, not of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. statement. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as minc, etc. Women at home, who are eugaged in the fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Groecry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous If the occupation has As examples

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenela-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacete., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inauition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." scpsis, injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Collapse," "Coua," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

County Hace of DEATH County Harringtond 13746 Williage or City Harredo France (No. FULL NAME Milliam 6	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Phile SHINGLE, Midower Wild the word	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
OATE OF BIRTH	, 191 , to , 191 , , 191 , , ,
(Month) (Day) (Year)	that I last saw h alive on, 191,
7 AGE alt 58 yrs. mos. ds. If LESS than 1 day, firs. OR min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or Butcher	accidental Browning
(b) General nature of industry business, or establishment in which employed (or employer)	(Duration)mosds.
9 BIRTHPLACE (State or country) Baltimore Md	Contributory Secondary (Buration) , yrs mos de,
10 NAME OF Henry Kraft	(Signed) Joseph Hamburg and M. O.
11 BIRTHPLACE OF FATHER (State or country) Services	*State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Rouse Paner	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Jermany	At place tn the of deathyrsmosds\$tate,yrs,mosde.
(Informant) I / Sway Knowledge	If not at place of death ? Former or usuel residence
(Address) 220 agustia des	Ballo Century Ling 3, 191.5
Filed Aug 3, 191 V. Bay REGISTRAR	20 UNDERTAKER LANGE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
If more blanks are needed address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully the ditties of the household only (not paid Housekeepers or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Frocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness." genital," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" snicide. to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septicharmia," symptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. Never report mere rent) affection need not be stated unless cough; Chronic valvular beart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bronwhen a definite disease can be ascertained as the by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intereur-"Eropsy," "Atrophy," "Exhaustion," ACCIDENTAL, important. ("Con-



PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
County	Registration Dist. No. 185
9 19	
Village or City O ante al nace No.	St.; Ward) [If death occurred in a hospital or institution.]
2 FULL NAME Charles a	give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX. 4 COLOR OR RACE 5 SINGLE, Sungle	16 DATE OF DEATH and 6th 1015
male White WIDOWED OR DIVORCED (Write the word)	(Month). (Day) (Year)
(Write alle word)	17 I HEREBY CERTIFY, That I attended deceased from
March 19 011	, 191.5, to , 191.5,
(Month) (Day) (Year)	that I last saw ham alive on , 191.5,
7 AGE If LESS fhag	and that death occarred on the date states above, at any
yrs mos ds. OR min.?	
B OCCUPATION (a) Trade, profession, or house	
particular kind of work	Choling Andantina
(b) General nature of Industry	the state of the s
business, or establishment in which employed (or employer)	(Quration) yrs. mos. ds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Have de vraie	(Qurelian)yrsmosds,
10 NAME OF AMOR. E. Krewsey	(Signed) James 36 Bay, M. O.
0 11 BIRTHPLACE	wife 6, 191 of (Address) Joans No Swel.
of FATHER (State or country) Columbia Pa	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL.
I 12 MAIDEN NAME	
a week Svanc	OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Carre de Grace	At place In the of death yrs. mos. ds. State, yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disaase contracted, - if not sl place of death?
R 12	Former or
(Informant) Wisse / rewron	ususi rasidence
(Address) Have cle Grace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 0 4 0	- Magel / Fell Ciruting any / 1913.
Fled ling 7 in, 1965 James 26, 1 Day	20 UNDERTAKER / ADDRESS
REGISTRAN	for ming on the de trace
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Batto., Requesting V.LS. No. 1.

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers employed, as At school or At home. Care should be state occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housewrite Nane. Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, of the second statement. Never return "Laborer," "Foreman," "Manager," "Pealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to business, that fact may be indicated thus: Farmer (retired precise specification as Day laborer, Farm laborer, Loborer mobile factory. mill; (a) Salesman, (b) Procery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the eian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Contimine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

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genital," to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if inpossible "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uradnia," "Weakness," lapse," "Coma," "Ancemia" symptoms or terminal conditions, such as "Asthenia," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent Deaths "PUERPERAL perilouilis," etc. State cause for which birth or miscarriage as "Puerperal septieharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valudar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whoaping (name origin; "Cancer" is less definite; avoid use; of ges, peritonaeum, etc., Carcinoma, Sareoma, etc., of by railway train-accident; Revalver wound of The nature of the injury, as fracture of skull, "Senile," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercuretc.), "Dropsy," Never report mere "Atrophy," acid-probably "Exhaustion," ACCIDENTAL, important. ("Con-



EXACTLY. RECORD classifi stated PERMANENT be properly certificate. perly be should pe back that 00 supplied instructions terms, so carefully See in be 2 pino important. d N L of information Very WRITE 200 m ż

PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in -Ward) a hospital or institution. give its NAME instead of street and number. I ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE, 16 DATE OF DEATH MARRIED, married 1915 WIDOWED OR DIVORCED (Write the word) (Day) (Month) (Year) ce I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) AGE - it may be 7 AGE If LESS than and that death occurred on the date stated above, at 2400. Am. 1 day, hrs. The CAUSE OF DEATH # was as follows: min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in (Ouralien) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) ENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 00 12 MAIDEN NAME PA OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) State. Every item of instance of instance of the state CAI Where was disease contracted. 15 20 UNDERTAKER ADDRESS REGISTRA If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Caak, wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more precise specification as Day luborer, Furm luborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given-up on account of the disease causing dearn, Housentaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Catton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Campositor, Architect, Lacamotive engineer, Civil first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ness of various pursuits can be known. The question -Caal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

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on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanns) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent dearns "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmin," "Weakness," genital," symptoms or terminal conditions, such as "Asthenia," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. head-homicide; Paisaned by carbolic acid-prabably Struck state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puenpenal septichuemia," ctc., when a definite disease can be ascertained as the "Heart failure," "He emorrhage," "lnanition," "Maraslapse," "Coma," "Anaemia" chapneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chranic valeular heart disease; Chronic interstitual "Tumor" for malignant neoplasms); Measles, Whooping" (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... to determine definitely. Examples: Accidental drowning; by railway train-accident; Revolver wound af Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intereuretc.), "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

	PLACE OF DEATH 13749	STATE OF MARYLAND
	1 Harland	CERTIFICATE OF DEATH
Co	unty 10 compared	Registration Dist. No. 190
Vill	lage or City (No(No	St.;—Ward) [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME Stanly, Celber	t magnen of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male Mule Single, Married, Married, Monda Opposer, Oppose	(Month) (Day (Year)
6 p	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	april 27 ,014	aug 7 10 1916, to aug 8 = , 1915.
	(Month) (Day (Year)	that I last saw hatthe alive on aug &
7 A	GE If LESS than	and that death occurred on the date stated above, at 5 am,
	yrs 3 mos 22 ds f day,hrs. OR min.?	The CAUSE OF DEATH* was as follows:
60	CCUPATION YES MOS OS OR MIN. ?	Gastrilis acute
(a)	Trade, profession, or	
	General nature of industry,	
bus	iness, or establishment in	(Duration) yrs mgs ds.
	ch employed (or employer)	Contributory
- 81	RTHPLACE (State or country) Harfird Co. Mich	Secondary Judiculture (Doration) vrs mos ds
	10 NAME OF albert, D. Magnen	(Signed) Charles Bagley , M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country) Harbard Cv.	*State the DISPASE CAUSING DEATH OF The doction from Vicinia
PARENTS	12 MAIDEN NAME OF MOTHER A	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, OF HOMICIDAL.
1	13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	(State or country) barford a. Med	of death yrs mos ds the yrs mos ds
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Intormant) about S. Magnen	Former or asual residence
	(Address) Wilna Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	8-10,1815-Cha & breswell REGISTRAR	The Mountain Cemetry and 10, 1916 - 20 UNDERTAKER ADDRESS Mensin Mid
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of



V. S. No. 1.

N. B.

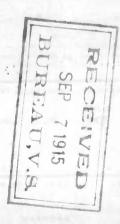
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Village or City	Cou	nty / Ttu, My	1201
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TAGE Cocupation Cocupation		Uhr 13 ,915	191.00., 10
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*State or country) ** **State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentary, or Mother Cof Mother **State of For Hospitala, Inatitutiona, Transienta, or Recent Residentala, Inatitutiona, Italia, Inatitutiona,	7 AGI	E If LESS than	and that death occurred on the date stated above, at / m,
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(a) Trade, profession, or particular kind at work. (b) General nature at industry, business, are establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Secondary (Signed) (Signed) **State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. **State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. **State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. **State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Recent Residental, Inatitutiona, Transaiental, or Recent Residental	_		
particular kind at work. (b) General nature at industry, business, ar establishment in which employed (or employer) **State or country** 10 NAME OF FATHER			9-74-5-9-9-3-6-6-6-6-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4
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Which employed (or employer) **BIRTHPLACE* (State or country) **DINAME OF FATHER **STATE OF FATHER **STATE OF FATHER **STATE OF MOTHER **STA	(b) (General nature of industry,	4
State or country) Secondary Contributory Secondary			
10 NAME OF FATHER (State or country) Halled to he was state the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 LENGTH OF RESIDENCE (FOR HOSPITALA, INATITUTIONA, TRANSIENTA, or RECENT RESIDENCE (FOR HOSPITALA, INATITUTIONA, INATITUTIONA, INATITUTIONA, INATITUTIONA, INATITUTIONA, INATITUTIONA, INATITUTIONA, INATITUTIONA, INATIT			Contributory
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OF MOTHER IN INC.	-	13 BIRTHPLACE	OR RECENT REGIDENTA
		(State or country)	
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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc, when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aeeidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For VIO-



V. S. No. 1.

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PHYSICIANS should state Exact statement of OCCUPATION is RECORD PERMANENT stated EXACTLY. of information should be carefully supplied. ACE should be significant of properly classified. See instructions on back of certificate. 4 UNFADING INK-THIS WRITE PLAINLY, WITH CAUSE OF Important.

Very

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilf death occurred la

VI	2FULL NAME John. D. Pot	St.; Ward) a hospital or Institution, give Its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH
35	nale White Single, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 8 - 6 1915, to 8 1915. that I last saw h. Aska alive on 8 16 1915
8 (1	If LESS than 1 day,hrs. OCCUPATION 1) Trade, profession, or articular kind of work.	and that death occurred on the date stated above, at 15 m. The CAUSE OF DEATH* was as follows: Entry Colifs
(b bu wi) General nature of industry, siness, or establishment in nich employed (or employer) IRTHPLACE (State or country)	Contributory Secondary
ARENTS	10 NAME OF FATHER Mathew Polenynskie 11 BIRTHPLACE OF FATHER (State or country) Augustus	(Signed) Research (Signed) Provided the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether acciden-
4	13 BIRTHPLACE OF MOTHER (State or country) Lumany	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
15	(Intermant) Pans Palls unalla (Address) 25 & Marl AR Balls	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND THE PLACE OF BURIAL 19 19 15
Fi	led hug 17 1915 O Casar Dean	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, rcturn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—like primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acciby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



CERTIFICATE OF DEATH Registered No
St.; Ward) [if death occurred lo a hospital or lostitution give its MAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH ATE OF DEATH (Youth) (Day) (Year)
ATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)
1 HEREBY CERTIFY, that I attended deceased from 2 4 , 1915, to Que 2 7 , 1915. [ast saw h 12 alive on Que 2 7 , 1915.
hat death occurred on the date stated above, at 6.2. m. guse of DEATH* was as follows:
(Duration) yrs mos 3 ds. Ontributory Secondary) (Deration) yrs mos ds
State the DISEASE CAUSING DEATH, or, in deaths from Violent ISES, state (1) MEANS OF INJURY; and (2) whether Accident, Suicidal, or Homicidal.
INGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ce In the th yrs mos ds. State yrs, mos, ds. was disease contracted, at place of death?
ror residence Lace of Burial or REMOVAL DATE OF BURIAL Endship M. E. bernutz, Mug. 297, 181.6. NDERTAKER ADDRESS Walker Pleasanling My. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuladditional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial mephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the oma. Sarcoma. etc., oI . The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Examples: FOI VIO-



N. B.

Village or City Havrede lune	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St; Ward) [If death occurred in a hespital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) (Year) (1915), to (1915), 1915,
7 AGE OKOnth) (Day) (Xear) 1 If LESS than 1 day, hrs. OR mln,?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which emplayed (or employer) 9 BIRTHPLACE (State or country) 1D NAME OF FATHER Clarks 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CLARK 12 MAIDEN NAME OF MOTHER CLARK 13 MAIDEN NAME OF MOTHER CLARK 14 MAIDEN NAME OF MOTHER CLARK 15 MAIDEN NAME OF MOTHER CLARK 16 MAIDEN NAME OF MOTHER CLARK 17 MAIDEN NAME OF MOTHER CLARK 18 MAIDEN NAME OF MOTHER CLARK 18 MAIDEN NAME OF MOTHER CLARK 19 MAIDEN NAME OF MOTHER CLARK 19 MAIDEN NAME OF MOTHER CLARK 10 MAIDEN NAME OF MOTHER CLARK 11 MAIDEN NAME OF MOTHER CLARK 12 MAIDEN NAME OF MOTHER CLARK 13 MAIDEN NAME OF MOTHER CLARK 14 MAIDEN NAME OF MOTHER CLARK 15 MAIDEN NAME OF MOTHER CLARK 16 MAIDEN NAME OF MOTHER CLARK 17 MAIDEN NAME OF MOTHER CLARK 18 MAIDEN NAME OF MOTHER CLA	(Signad) State the Disease Causing Death, or, in deaths from Violent, Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place in the state of death yra. mas. da. Stala, yra. mos. da. Where was disease contracted, Il not at place of death? Former or usual residence
(Address) Perrywelle and Filed Aght 2 1915 Parison 36, Bay REGISTRAN If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL Labory Cemetery Aug 2.4, 1915 20 UNDERTAKER Labora Blo thedale 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housemaid, etc. C yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Screant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers For many occupations a single word or term on the applies to each and every person, irrespective of age. write None. taken to report specifically the occupations of persons employed, precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, as At school or At home. Care should be The material worked on may form part If the occupation has been changed Architect, Never return "Laborer, Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetarius) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerpenal septichaemia, etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maras-"Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uracnia," "Weakness," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which Never report mere



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item Every item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred to .Ward) a hospifal or institution, give ifs NAME instead of streef and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDDWED. ORDIVORCED (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Inhmun (Month) (Day (Year) TAGE If LESS than 1 day,....hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State _____ yrs. _ ds. Where was disease contracted. If nof at place of death?-Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 Cemeter .., 1915 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Forcman," material worked on may form part of the second the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: catsing dearn, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenpenal septiehaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) State cause for For VIO-



V. S. No. 1.

Count	7	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) Lie Born Baky Stone Street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jan Jan	uale While Widowed on Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Yes
DA	(Menth) (Day) , 1 9/5	that I last saw h alive on ,191
7 AG	if LESS than 1 day, hrs.	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
par (b) bus whi	Trade, profession, or ticular kind of work General nature of lodustry iness, or establishment in ch employed (or employer) RTHPLACE	Contributory Secondary
	(State or country) Favre de GraceMd. 10 NAME OF FATHER Edward a. Stoul	(Signed) The Steeper de G
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 9/ - 7/ BI	*State the DIREASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL.
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country) Have de Grace, Md. TE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENTS) Al ploco In ths of death
	(Informant) Edward a. Stone (Address) Havre de Erace, Md.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Out of BURIAL Out of BURIAL
11	ad aug 27, 191 /- J. H. Day REGISTRAR	29 WIDERTAKER Facher ADERESS

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken, to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question Housemaid, etc. "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitiol suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetunus) may be stated SUICIDAL, or HOMICINAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the genital," "Sënile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; birth or miscarriage "Heart failure," "Haemorrhage," "Inanition," "Maras-" "Old Age," "Shock," "Uracmia," "Weakness, by railway train-accident; Revolver, Always qualify all diseases resulting from child-The contributory (secondary or intereuras "Puerperal septichaemia," State cause for which Never report mere nound



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	RECORD	EXACTL ssified, E
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY, should state CAUSE OF DEATH in plain terms, so that it may be proporly classified. ExacoccupATION is very important. See instructions on back of certificate.
	THIS IS	AGE it it may
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V. S. No. 1.		N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exac OCCUPATION is very important. See instructions on back of certificate.

19 29 Ad 19	
PLACE OF DEATH 13756	STATE OF MARYLAND
County Tay Florid	CERTIFICATE OF DEATH
2/ -/1 -	Registration Dist. No.
Willage or City Fav Touce Grace (No.	St.; Ward) [If death occurred in a hospital or institution,
2 FULL NAME hot Ramed Still	Born (Babystone) give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, MIRLEO, WIDOWEO GR DIVORCEO GR DIVORCEO GR DIVORCEO	16 DATE OF OEATH Aug - Z7, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(1112 - 27 .915	1915, to Way t, 1915,
(Month) (Day) (Year)	that I last saw h, 191,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm.
yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or	Hell, Born - Tremalure
particular kind of work	Buth
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Ourstlon) yrs. mos. ds.
9 BIRTHPLACE (State or country) Havre de Grace Md.	Secondary,
10 NAME OF Survard a. Stone	(Signed) F- 7. Sterrier , M. D.
11 BIRTHPLACE OF FATHER (State or country) Have Grace Md.	(Address) Haut de France Aug. State the DINEABR CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
OF FATHER (State or country) Have de Grace Md. 12 MAIOEN NAME OF MOTHER Hallie J. Blackburn	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Havre de Grace Md.	OR RECENT RESIDENTS) At piece In the system of death yrs. mes. ds. Stale, yrs. mos. ds. Whore was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Equation 4. None	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Havn de Trace Mil.	(1) F. 1 1- VIII 27 -
Fled aug 27, 191 V - A. Bay	28 UNDERTAKER Father ADDRESS
REGISTRAR	Carvard a. Stone Havedernue
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Crocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, write None. Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably Struck by to determine definitely. "Heart failure," "Haemorrhage," "Inalition," "Marasor miscarriage as "Puerperal septichaemia," "Old Age," "Shock," "Uraemia," "Weakness," The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," rollway train-accident; Revolver wound of The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere ACCIDENTAL,



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

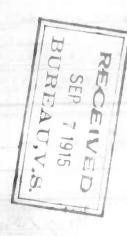
Village or City Mchaulshille No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. /8/ St.; Ward) St.; Ward) [If death occurred in a hospital or iostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Timale & Color or Race 5 single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Aug 12, 1913 (Month) L (Day (Year) 17) I hereby certify. That I attended deceased from
7 AGE 3 mos 2 ds. 19/5 19/	that I last saw here alive on Company 19 m.,
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) IN MAME OF FATHER Albert Jaylon THE STATER (State or country) MANAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) MANAME OF FATHER OF MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 WOLLING 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 11 MOTHER 12 MAIDEN NAME 12 MAIDEN NAME 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER	(Duration) yrs. mos. ds. Contributory Secondary (Doration) yrs. mos. ds. (Signed) yrs. mos. ds. (Signed) John Mans of Injury; and (2) whether Accidental, Suicidal, of Homicidal. 18 Length of Residents)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) (Address)	At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRÉSS ADDRÉSS TOS DE STANDARDONS Trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measics; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brouchopucumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (namc origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (Recommendations on statement of (secondary or intercurrent)



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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Village or City Mcharlofelle (No. 2FULL NAME Larah Florence	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.; Ward) St.; Ward) [If death occurred in a hospital or iostitution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale Color or RACE Single, MARRIED, WIDOWED, ORDINGRED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 LhEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw har alive on end 9 th ,1915
TAGE If LESS than I day,hrs. ORmin.?	and that death occurred on the date stated above, at / 5 m, The CAUSE) OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Many Janual	Contributory Contributory Contributory Contributory
11 BIRTHPLACE OF FATHER (State or eountry) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MARGANTAL	(Signed) —
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrs,mos,ds Where was disease contracted, if not at place of death?
(Address) Lunyman Ina	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mion Cohapie Augit 1915
Filed Cluy !! , 1915 Control Registrar [14mort blanks are needed, address State Registrar	20 ON DERTAKER LOSborn Lons Grynnan trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agetion is very important, so that the relative healthfulbeen changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-. Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid usc of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolie acid-probably suieide. dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeeisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite discase can be ascertained as the "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-The nature of the For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

PLACE OF DEATH 13759	STATE OF MARYLAND
2/actived	CERTIFICATE OF DEATH
County County	101
	Registration Dist, No./
Village or City Carsing King (No.	St.; Ward) [it death occur a hospital or Inst
FULL NAME Mrs & Rijabeth	Obeifears give its NAME in of street and num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE,	16 DATE OF DEATH aug 2 1
Female Othite (Write the word)	(Month) (Day (Y
	17 I HEREBY CERTIFY, That I attended decease
DATE OF BIRTH	Just, 1915 to any 1sh, 1
(Month) (Day (Year)	that I last saw har alive on any
7 AGE If LESS than	and that death occurred on the date stated above, at 4
f dayhrs.	The Cause of Death* was as follows:
yrs 8 mos 29 ds. OR min.?	Lastro julivites
8 OCCUPATION (a) Trade, protession, or	
particular kind of work Touce Wife.	
(b) General nature of Industry, business, or establishment in	Few days (Duration) -yrs moss
which employed (or employer) BIRTHPLACE	Contributory Old age
(State or country)	Secondary
10 NAME OF A	(Ouration) yrs mos
FATHER John 19 ailed	(Signed) JAKanney
O 11 BIRTHPLACE	aug 3 , 1915 (Address) Wordenen In
State or country) Maryland	
State or country) 12 Maiden Name OF Mother	State the Disease Causing Death, or, in deaths from V Causes, state (1) Means of Injury; and (2) whether Actual, Suicidal, or Homicidal.
a tarrett Darnes	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN- OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER OF HOTHER	Af place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot dealh
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
· (Informant) flux Granville 10 regre &	Former or usual residence
(Address) Alardeen Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA
16 BE A CHMI A	Buch Ben Comete and 4
John 1915 Sunt Steeles	20 UNDERTAKER ADORESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as mine, etc. it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," of



1 PLACE, OF DEATH STATE OF MARYLAND LY. PHYSICIANS Exact statement of CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in -Ward) hospital or institution. EXACTLY. give its NAME instead of street and number. RECORD 2 FULL NAME classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 18 DATE OF 4 COLOR OR RACE stated MARRIED, PERMANENT 191 WIDDWED OR DIVERCED MO (Write the World) MO (Month) (Day) (Year) properly certificate I HEREBY CERTIFY, That A attended deceased from be 6 DATE OF BIRTH , 191. should pe alive o (Mont (Day) (Year) 191 3.30 F of 7 AGE If LESS than may and that death occurred on the date stated above. ш 1 day, hrs. back O The CAUSE OF DEATH * was as follows: OR - min. ? a + .ds. VIS .. mos. that B OCCUPATION (a) Trade, profession, or uo supplied ons particular kind of work NK 20 b) General nature of industry terms, instructi business, or establishment in carefully (Duration) Yrs. mos. which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary nie ee BO 10 NAME OF pe C FATHER pino important H S 11 BIRTHPLACE (Address) ENT OF FATHER d *State the DISEASE CAUSING DEATH, or, in doubt from VIOLENT o Lil (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, uo 12 MAIDEN NAME 0 Œ SUICIDAL OF HOMICIDAL. PA OF MOTHE informatic SAUSE OF Ĺ. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS very OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER WRITE 5 State, (State or country) of deathyrs.mos. Every item of in should state CA OCCUPATION i Where was disease contracted, If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address 191... 15 UNDERTAKE ADDRESS 0 REGISTRAR Z If more blanks are norded, addless State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

business, that fact may be indicated thus: Farmer (retired ε yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question write None taken to report specifically the occupations of persons "Foreman," "Manager," "Pealer," etc., without more business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-If retired from (b) Auto-

- spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only denum. - fever (the only denum. - fever (the only denum. - fever (avoid use of typhoid fever (never report "Typhoid pneumonia");

Typhoid fever (never report "Typhoid pneumonia"); time and causation), causing neath (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: using always the same accepted Cerebrospinal

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic ocid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping under the head of "Contributory." (Recommendations to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenperal septichaemia," by railway train-accident; Revolver The contributory (secondary or intercur-State cause Never report mere wound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 7/1915